## ADMINISTRATIVE OFFICE OF THE TRIAL COURT INTERPRETER DAILY SERVICE RECORD

Name:		Vendor/Customer Code #			Date of Service					
Address:		Vendor Invoice #			Language					
		Interp	TION A: Interpreting preting Hours:  Vaiting Hours:  (No Lunch)		ne [	Total	l Hou	rs		
A.M.	Judge:			Court:						
Case Names:			Docket #							
P.M. Judge:			(Use back for additional Names & Docket #s)							
Case Names:			Docket #							
			(Use back for additional Names & Docket #s)							
	COM	1PEN	SATION							
SECTION A: Certified / Qualified Check one: \$300 Full Day \$200 Half Day Screened Check one: \$200 Full Day \$125 Half Day Additional	Total Miles  -50 =  ÷25 =  Tolls/Public Transpo (Attach Receipts	ortation	x\$.40=  Adjusted Mileage \$40.00 or \$26.00 x = (Circle One)	SECTION C: Mileage and Travel Time 2 Courts.  Total Miles x\$.40=  \$40.00 or \$26.00 x = (Circle One)  Tolls/Public Transportation (Attach Receipts)					2 Courts.	
Total		To	otal			Total				
			Total Compensation	Due(Sec	tion A+B or	<b>(C)</b>	Ш	Ш		
THE FIRST JUSTICE, CLERK N I have reviewed and approved the car	MAGISTRATE, COURT LIAIS	SON OR								
Please Print Name				Sig	gnature					
Title			<u></u>	]	Date				•	
	VENDOR'	S CE	RTIFICATION							
I CERTIF	TY THAT THE SERVICES	S WER	E RENDERED AS SET FOR	RTH ABC	OVE					
Signature				]	Date					
	ATTENDAN	CE C	ONFIRMATION							
Morning Session			Afternoon Session							
Time In: Time Out:			Time In:	Ti	me Out:					